Title III Professional Learning Opportunity Application

The Office of Public Instruction would like to present a funding opportunity for Title III educators interested in attending professional learning opportunities both in and out of state (though this does not apply to OPI sponsored events). Travel out of the state is only approved for the contiguous United States. This is an open application for the entire fiscal year (7/1-6/30), however when the funds established for these activities are depleted, we will not be able to accept or approve additional applications (we will make notification of this and remove the form from our website). The applications will be reviewed and accepted in the order that they are received. Educators will be in reimbursed up to \$2,000.

| Name: | District/Orga | nization: | Contact Informa | tion: | Date Submitted |
|------------------------------------|--|---------------------|-------------------------|----------|-------------------|
| | | | Email: Phone number: | | |
| | I | | Thone number. | | |
| Professional Learning Opportunity: | | | Description of Oppor | tunity: | Date(s) |
| Title of Event: | | | | | |
| Organizer/Spons | or of Event: | | | | |
| - - | | | | | |
| Website if applicable: | | | | | |
| | | | | | |
| knowledge and Language Lear | tunity will increase yell understanding of: Enter instruction, Title for your position in the and state. | nglish III | | | |
| | | | | | |
| | this professional learr gns and supports the e III. | | | | |
| | | | | | |
| * | | Actual Cost: | | Paid by: | |
| | ght (lodging will be | | | | |
| | the going per diem r the given area | | | | |
| both in and out | | | | | |
| Registration (if | | | | | |
| Travel Expense | | | | | |
| Meals | | | | | |
| In State Rate: | | | | | |

| Breakfast \$5 | | | | | | | |
|---|--|-------------------------|--|--|--|--|--|
| Lunch \$6 | | | | | | | |
| Dinner \$12 (\$23 total) | | | | | | | |
| Out of State Rate: | | | | | | | |
| Breakfast \$11 | | | | | | | |
| Lunch \$12 | | | | | | | |
| Dinner \$23 (\$46 total) | | | | | | | |
| Materials (if applicable) | | | | | | | |
| *If a substitute teacher is required for | Total Cost: | Total Paid by OPI: | | | | | |
| personnel, the school or district will | | | | | | | |
| have to cover this cost. | | Total Paid by Other: | | | | | |
| The applicati | The application can be emailed or mailed to Natalee Hawks at OPI | | | | | | |
| | | | | | | | |
| (nhawks@mt.gov, PO BOX 202501, Helena, MT 59620). | | | | | | | |
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| For Office Use Only | | | | | | | |
| D (D) 1 | | | | | | | |
| Date Received: | | | | | | | |
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| Application Status: | | | | | | | |
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| Accepted | Denied | More Information Needed | | | | | |
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| Applicant Notified: | | | | | | | |
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